

# REGISTRATION OF RECIPROCAL BENEFICIARY RELATIONSHIP

## STATE OF HAWAII

Please print or type legibly

### APPLICANT ONE:

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### APPLICANT TWO:

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

WE, THE UNDERSIGNED, DECLARE OUR INTENT TO ENTER INTO A RECIPROCAL BENEFICIARY RELATIONSHIP. ACCORDINGLY, WE WISH TO REGISTER OUR RECIPROCAL BENEFICIARY RELATIONSHIP WITH THE STATE OF HAWAII PURSUANT TO HAWAII STATUTES, SESSION LAWS OF HAWAII, 1997, AND ATTEST TO THE FOLLOWING:

- (1) The parties are legally prohibited from marrying one another under chapter 572-1 (HRS);
- (2) Neither of the parties is married nor a party to another reciprocal beneficiary relationship;
- (3) Consent of either party to the reciprocal beneficiary relationship has not been obtained by force, duress, or fraud; and
- (4) Each of the parties is at least eighteen years old.

WE SWEAR UNDER PENALTY OF OATH THAT WE BOTH MEET THE REQUIREMENTS OF A VALID RECIPROCAL BENEFICIARY RELATIONSHIP. WE HEREBY REQUEST THAT THE DIRECTOR OF HEALTH ISSUE US A CERTIFICATE OF REGISTRATION OF RECIPROCAL BENEFICIARY RELATIONSHIP.

### APPLICANT ONE:

### APPLICANT TWO:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

My commission expires: \_\_\_\_\_

MAIL \$8.00 MONEY ORDER OR CERTIFIED CHECK PAYABLE TO STATE DIRECTOR OF FINANCE AND A COMPLETED APPLICATION FORM WITH SELF-ADDRESSED, LEGAL SIZED, STAMPED ENVELOPE TO:

RBR OFFICE  
P.O. Box 3300  
Honolulu, Hawaii 96801-3300